



5 min
HANDLING



10 min
INCUBATION

A

MOVIE PROCEDURE (Scan the QR code)



Test procedure
 Test reader
 E-recording
 Scientific assistance
 Troubleshooting

B

PREPARATION OF BLOOD TUBES FOR MAJOR XM*

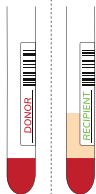
Centrifuge at 1 000g



DONOR:
 remove plasma
 & keep pRBCs

OR collect pRBCs
 from blood bag
 segment.

RECIPIENT:
 keep plasma



* For Minor XM: Reverse the donor & recipient tubes.

EDTA, CPDA or ACD ONLY. Do not use heparin.

C

PROCEDURE FOR MAJOR XM

STEP 1



1 blue
top buffer
→ 1,8 mL



Fill completely

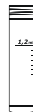
STEP 2



Donor
pRBCs



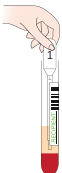
≈ 10 μL



→ 1,8 mL

1 test tube

STEP 3



Recipient
plasma

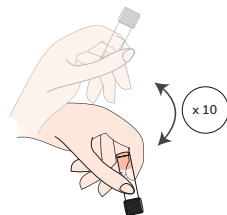


6 plasma

≈ 240 μL

STEP 4

Mix suspension



STEP 5

Incubation



Incubation
at room
temperature



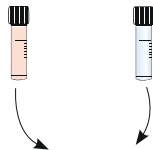
5 min
HANDLING



10 min
INCUBATION

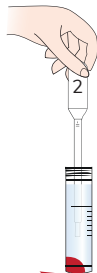
STEP 6 Centrifuge

Test tube
Balance tube
(not provided)



At 1 000g

STEP 7 Remove only
supernatant

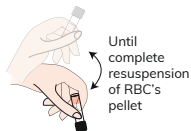


Keep RBC's
pellet

STEP 8 Add 4 drops



STEP 9 Mix suspension



Until
complete
resuspension
of RBC's
pellet

STEP 10 Add test strip



Wait until
complete
migration

Scan your test
to get the result



RESULTS



**COMPATIBLE
SAFE TRANSFUSION**



**INCOMPATIBLE
DO NOT TRANSFUSE**



WEAK LINE = POSITIVE RESULT



**RARE CASE :
STRONG AUTO-AGGLUTINATION**

Scientific information:

- This test allows you to detect all DEA incompatibilities, including DEA 1, DEA 4, DEA 7... and other red blood cell alloantibodies.
- This test is used to detect alloantibodies after a mismatched transfusion or rare naturally occurring alloantibodies.
- For better sensitivity, especially in weak incompatibilities, we recommend confirming results with the Alvedia Gel Test technology (detection of low-affinity antibodies).
- Blood typing for DEA 1 is always recommended before any transfusion.
- Positive XM reactions may be observed in IMHA patients due to circulating autoantibodies present in the recipient plasma.
- Test results must be interpreted in conjunction with the clinical and therapeutic context.